Major Donor and	•		COMMITTEE STATEMENT			
Independent Expenditure Comr Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA FORM	461		
	Statement covers period	Date of election if applicable:		1/2		
Amendment	from01/01/2017	(Month, Day,Year)		For Official Use C	Only	
SEE INSTRUCTIONS ON REVERSE	through12/31/2017					
1. Name and Address Of Filer		3. Summary				
NAME OF FILER (Include name(s) of all affiliated entities whose control Susan Samueli	,	(Amounts may be rounded to wh 1. Expenditures and cont (including loans) of \$10	ributions 00 or more	0	58400.00	
MAILING ADDRESS	(NO. AND STREET)	made this period. (Part	•	\$	50400.00	
CITY	STATE ZIP CODE	Unitemized expenditure contributions (including \$100 made this period.)	g loans) under	\$ ——	0.00	
Corona Del Mar RESPONSIBLE OFFICER (If filer is other than an individual)	CA 92625 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add	Lines 1 + 2.)	SUBTOTAL \$ ——	58400.00	
Susan Samueli		Total expenditures and made from prior staten				
2. Nature and Interests of Filer (Co A FILER THAT IS AN INDIVIDUAL MUST LIST THE N OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAM		amount from Line 5 of filed. If this is the first	last statement statement for		0.00	
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$ ——	0.00	
H&S Ventures,LLC ADDRESS OF EMPLOYER/BUSINESS	Management/Consulting	5. Total expenditures and (including loans) made January 1 of the currer	since nt calendar year.			
Corona Del Mar CA	92625	(Add Lines 3 + 4.)		TOTAL \$	<u>58400.00</u>	
A FILER THAT IS AN ASSOCIATION MUST PROVIDE	RIBE THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification I have used all reasonable reviewed the statement ar contained herein is true ar the laws of the State of Ca	nd to the best of my kr nd complete. I certify	nowledge the informat under penalty of perjo	ion ury under	
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS E COMMON ECONOMIC INTEREST OF THE GROUP O		Executed on01/31/2018		nueli GNATURE OF INDIVIDUAL DONOF BLE OFFICER IF OTHER THAN AN		

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN	D
MAJOR DONOR COMMITTEE STATEMEN	Т

Statem	nent covers period	CALIFORNIA	161
from	01/01/2017	FORM	401
	40/04/0047		
through	12/31/2017	2/2	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Susan Samueli

5. (Contributions	(Including	Loans,	Forgiveness	of Loans,	and Loan	Guarantees) and Ex	penditures	Made
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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/08/2017	Villaraigosa for Governor 2018 Los Angeles CA 90067 ID: 1392364 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Antonio Villaraigosa Governor Statewide NO: Support Oppose	58400.00	\$S400.00 Other

SUBTOTAL \$

58400.00